	TR-205
NAME OF COURT:	FOR COURT USE ONLY
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	_
PEOPLE OF THE STATE OF CALIFORNIA vs.	
DEFENDANT:	
REQUEST FOR TRIAL BY WRITTEN DECLARATION (Vehicle Code, § 40902)	
TO BE FILLED OUT BY COURT CLERK	CITATION NUMBER:
A. DUE DATE (for receipt of this form and any unpaid bail) (specify):	CASE NUMBER:
B. Bail amount required: \$	
C. Bail amount already deposited by defendant: \$	
D. Date mailed or delivered by clerk:	
E. Mail or deliver completed form, evidence, and mail to the Clerk of the (specify):	Court at (mailing address):
REQUEST FOR TRIAL	
1. I have reviewed the Instructions to Defendant (Trial by Written Declaration) (form TR-2	00).
2. I request to have a trial by written declaration.	
3. The facts contained in the Declaration of Facts on the reverse are personally known to	me and are true and correct.
4. I know that I have the right not to be compelled to be a witness against myself. I under statement, I am giving up and waiving that right and privilege.	rstand and agree that by making any
5. EVIDENCE The following evidence supports my case and includes everything I want a photographs (specify total number): e diagram b medical record f car repair receipt c registration documents g insurance docum d inspection certificate h other (specify):	

(Declaration continued on reverse)

PEOPLE v. DEFENDANT (Name):	CASE NUMBER:
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6. DECLARATION OF FACTS (Type or print only. State what happened and explain all the items of evidence you checked in item 5 on the reverse and tell how they support your case. You may add additional pages.) (Name): (Current mailing address):	
STATEMENT OF FACTS (begin here):	
7. Number of pages attached:	
declare under penalty of perjury under the laws of the State of California that the foregoing	is true and correct.
Date:	
•	
(TYPE OR PRINT NAME)	(SIGNATURE)